

MCKAY-DEE TRANSITIONAL CARE  
4401 HARRISON BOULEVARD  
OGDEN UT 84403  
STATE'S REGION CODE: 001

PROVIDER #: 465103  
PHONE NUMBER: (801) 387-2160  
PARTICIPATION DATE: 06/05/1986 CERTIFIED: 14

FACILITY BEDS  
TYPE ACTION: RECERTIFICATION  
TOTAL: 14  
TYPE OWNERSHIP: NONPROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 06/17/2003

TOTAL: 14  
MEDICARE: 11  
MEDICAID: 1  
OTHER: 2

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 14

18 18/19 19 ICF/MR  
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14

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT
12/2000		10/2001		07/2002		06/17/2003		

PROGRAM REQUIREMENTS

X D  
X E

REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ  
REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY	85 NEW PRIOR 2 SURVEY	85 NEW PRIOR 1 SURVEY	85 NEW CURRENT SURVEY	PLAN/DATE OF CORRECTION
12/2000	10/2001	07/2002	06/16/2003	
	X			
			X C	06/27/2003
	X			
		X		
X			X C	06/27/2003

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS  
K0025-SMOKE PARTITION CONSTRUCTION  
K0050-FIRE DRILLS  
K0062-SPRINKLER SYSTEM MAINTENANCE  
K0072-FURNISHING AND DECORATIONS  
K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

MCKAY-DEE TRANSITIONAL CARE

PROVIDER #: 465103

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	0	0	1	1
HEALTH TOTAL	0	0	1	1
LIFE SAFETY CODE	2	2	3	1
LIFE SAFETY CODE + HEALTH	2	2	4	2

COMPLAINT SURVEY INFORMATION

\* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY